AMENDMENT TRANSMITTAL LETTER						Docket No. 3691-0133PUS1
	Applicatio		Filing		Examiner	Art Unit
10/583,860 - Conf. #8593			May 21, 2007 S. CHEN			1632
Αp	plicant(s): Tak	ashi NISHIMUF	RA et al.			
Inv	rention: PROCE	ESS FOR PRO	DUCING ENG	INEERED TA	ARGETED T CELL A	ND MEDICINE
P.C Ale	mmissioner for F D. Box 1450 exandria, VA 223 ransmitted here	:13-1450 with is an amer				
The fee has been calculated and is transmitted as shown below.						
	CLAIMS AS AMENDED Claims Highest					
		Remaining	Number	Number		
		After Amendment	Previously Paid	Extra Claims Present	Rate	
	Total Claims	21	- 39 =		x 26	
	Independent Claims	6	- 6 =		x 110	
	Multiple Dependent Claims (check if applicable) 195					0.00
	Other fee (please specify):					0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						
	Large Entity x Small Entity					
li	No additional fee is required for this amendment.					
l	Please charge Deposit Account No. 02-2448 in the amount of \$ 0.00 .  A duplicate copy of this sheet is enclosed.					
l	A check in the amount of \$ 0.00 is enclosed.					
li	Payment by credit card. Form PTO-2038 is attached.					
	The Director is hereby authorized to charge and credit Deposit Account No					
	Credit any overpayment.     Charge any additional filing or application processing fees required under 37 C.F.R. §§ 1.16 and 1.17					
Fig. No.						**
The found (4,046 Dated:						SEP 15 2011
	BIRCH, STEWAR 8110 Gatehouse P.O. Box 747 Falls Church, VA 703-205-8000	RT, KOLASCH & Road, Suite 100				